PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	10/216,071
Filing Date	August 9, 2002
First Named Inventor	Michael J. Tomchak
Title	COLLAPSIBLE WHEELBARROW AND ASSOCIATED METHOD
Group Art Unit	3618
Examiner Name	
Attorney Docket Number	288903-00068

Practitioners at Customer Number  OR  Practitioner(s) named below:    Name	I hereby appoint:		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  I Firm or Individual Name  Address  City State  I am the:  Applicant/Inventor.  Assignee of record of the entire interest, See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record	OR		Number Bar Code
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  Firm or Individual Name  Address  Address  City State Zip  Country  Telephone  I am the:  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB196).  SIGNATURE of Applicant or Assignee of Record			Registration Number
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Prim or Individual Name  Address  City State  City State  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).  SIGNATURE of Applicant or Assignee of Record			
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Prim or Individual Name  Address  City State  City State  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).  SIGNATURE of Applicant or Assignee of Record			
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Prim or Individual Name  Address  City State  City State  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).  SIGNATURE of Applicant or Assignee of Record			
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Prim or Individual Name  Address  City State  City State  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISBI96).  SIGNATURE of Applicant or Assignee of Record	L		
The above-mentioned Customer Number.  OR Practitioners at Customer Number  Firm or Individual Name  Address  City  Country  Telephone  I am the:  ✓ Applicant/Inventor.  Assignee of record of the entire interest, See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record			
OR Practitioners at Customer Number  OR  Practitioners at Customer Number  OR  Practitioners at Customer Number  Number Bar Code Label here  Address  Address  City  Country  Telephone  I am the:  ✓ Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record	Please change the corre	espondence address for the above-identif	ied application to:
Practitioners at Customer Number  OR  Firm or Individual Name  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record		ned Customer Number.	
Address Address City Country Telephone  I am the:  ✓ Applicant/Inventor.  ✓ Assignee of record of the entire interest, See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTOISB/96).  SIGNATURE of Applicant or Assignee of Record		etomor Number	
Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record	<del></del>	stomer Number	
Address City State Zip Country Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record			
Address  City State Zip  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record			
City State Zip  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record			
Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record			
Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record		[ 5]	tate     Zip
I am the:  ✓ Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record		E.	y v
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record			3. 1
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record		or.	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Michael J. Tomchak			
Michael I Tomchak			
Name Michael J. Tomchak		SIGNATURE of Applicant or Assignee	of Record
	Name Michael	I J. Tomchak	
Signature Mital Touland			
Date 9/25/02			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below."	NOTE: Signatures of all the invent	tors or assignees of record of the entire interest or	their representative(s) are required. Submit multiple
Total of3forms are submitted.		<del>"                                    </del>	

Discount form and the state (1) to state 46th form	
Please type a plus sign (+) inside this box	 +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

10/216,071
August 9, 2002
Michael J. Tomchak
COLLAPSIBLE WHEELBARROW AND ASSOCIATED METHOD
3618
288903-00068

I hereby appo	oint:			•		
OR		ustomer Number	003705		Place Customer  Number Bar Code  Label here	
Practition	ner(s) nan	ned below:				
·	,	Name Name		_   R∈	gistration Number	
<u></u>						
		agent(s) to prosecu ates Patent and Tr			pove, and to transact all	
		spondence address	<del></del>			
		ed Customer Numb		nuneu appir	adon to.	
OR					Place Customer	
Practitione	rs at Cust	omer Number			Number Bar Code Label here	
OR					2000111010	
Firm or Individual Na	ame					
Address						
Address						
City				State	Zip	
Country						
Telephone				Fax		
I am the:	I am the:					
✓ Applican	nt/Inventor	·.				
Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name	Barry R.	Albert				
	Signature Bary At llux					
Date		25-02				
			rd of the entire interes	t or their repre	sentative(s) are required. Submit multip	ole
forms if more than one Total of3						
<b>□</b> 10(8) 013	rorm	is are submitted.				

Please type a	plus sign (+)	inside this box	 +

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number	10/216,071
Filing Date	August 9, 2002
First Named Inventor	Michael J. Tomchak
Title	COLLAPSIBLE WHEELBARROW AND ASSOCIATED METHOD
Group Art Unit	3618
Examiner Name	
Attorney Docket Number	288903-00068

Practitioners at Customer Number 003705	I hereby appoint:				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  Firm or Individual Name  Address  Address  City State Zip  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Mike Lupey  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	OR		003705		Number Bar Code
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Firm or Individual Name  Address  Address  City  State  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Mike Lupey  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple		Name		Reg	istration Number
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Firm or Individual Name  Address  Address  City  State  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Mike Lupey  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Firm or Individual Name  Address  Address  City  State  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Mike Lupey  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	<u> </u>			· ·	
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Firm or Individual Name  Address  Address  City  State  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Mike Lupey  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  OR Practitioners at Customer Number  Individual Name  Address  Address  City State  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Mike Lupey  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR Practitioners at Customer Number  Place Customer Number Bar Code Label here  Place Customer Number Bar Code Label here  Firm or Individual Name  Address  City State  I am the:  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Mike Lupey  Signature  Date  Place Customer Number  Place Customer Number Bar Code Label here  State  Place Customer Number Bar Code Label here  State  Place Customer Number Bar Code Label here  State  State  State  Address  State  State  State  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  NoTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
The above-mentioned Customer Number.  OR Practitioners at Customer Number	× · · · · · · · · · · · · · · · · · · ·		• • • • •		The state of the s
Practitioners at Customer Number  OR  Firm or Individual Name  Address  City State Zip  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Mike Lupey  Signature Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	I — -		wie above idei	инса аррноа	
OR  Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  ✓ Applicant/Inventor.  ✓ Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Mike Lupey  Signature  Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Mike Lupey  Signature  Date  9/27/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple		stomer Number			1
Individual Name  Address  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Mike Lupey  Signature  Date  9/27/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	<u> </u>				
City State Zip  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Mike Lupey  Signature Address  Date 9/27/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
City Country Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Mike Lupey  Signature Date  9/27/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Address				
Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Mike Lupey  Signature PARAMETER OF Applicant or Assignee of Record  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Mike Lupey  Signature  Date  9/27/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			i	State	Zip
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Mike Lupey  Signature  Date  Paralle And			<u>-</u>		
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			J	rax	
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Mike Lupey  Signature  Date  9/27/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple		~~			
SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Applicant/invento	JI .			
Name  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
Name  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	SIGNATURE of Applicant or Assignee of Record				
Signature  Date  9/27/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Mike Lupey				
Date 9/27/02  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	0/22/2/				
rorms if more than one signature is required, see below.	NOTE: Signatures of all the inven	tors or assignees of record of	f the entire interest	or their represe	ntative(s) are required. Submit multiple
Total of3forms are submitted.			<u> </u>		

Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

As the below name	ed inventor(s), I/we declar	e that:				
			28	8903-00068		
This declaration is	directed to:					
	The attached applic	cation, or				
	Application No	10/216,071	, filed on	August 9, 2002		
	as amended on			(if applicable);		
I/we believe that I/ which a patent is s		d first inventor(s) of	the subject n	natter which is claimed and for		
	ed and understand the cor amendment specifically ref		identified app	olication, including the claims, as		
to me/us to be me became available	I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF I	NVENTOR(S)					
Inventor one:	lichael J. Tomchak					
Signature: $\gamma$	yitaly Tonh	<u>Citize</u>	n of: United S	States		
Inventor two:	Barry R. Albert					
Signature:	Bary R. Aller	Citize	n of: United S	States		
inventor three: N	Mike Lupey	-j:				
Signature:	Whilland IT	PZ Citize	n of: United	States		
Inventor four:						
Signature:		Citize	n of:			
Additional inventors	s are being named on	additional	form(s) attached	hereto.		

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.